



**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐

Declaration  
Submitted  
With Initial  
Filing

OR

☒

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

WSP:217 US

First Named Inventor

Lothar Ackermann

COMPLETE IF KNOWN

Application Number

10/646,207

Filing Date

08/22/2003

Art Unit

Examiner Name

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROCESS AND DEVICE FOR GROWING SINGLE CRYSTALS

(Title of the Invention)

the specification of which

☐

is attached hereto

OR

☒

was filed on (MM/DD/YYYY)

08/22/2003

as United States Application Number or PCT International

Application Number

10/646,207

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
DE 102 38 876.8	Germany	08/24/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DE 103 15 706.9	Germany	04/07/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number: <input type="text"/>				OR <input checked="" type="checkbox"/> Correspondence address below	
Name Dunn & Associates					
Address P.O. Box 10					
City Newfane		State New York		ZIP 14108	
Country U.S.A.		Telephone 716-433-1661		Fax 716-433-1665	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Lothar			Family Name or Surname Ackermann		
Inventor's Signature <input checked="" type="checkbox"/> <i>Lothar Ackermann</i>				Date <input checked="" type="checkbox"/> <i>24.09.03</i>	
Residence: City Idar-Oberstein		State		Country Germany	
Citizenship German					
Mailing Address Hahnenruckstr. 48					
City Idar-Oberstein		State		ZIP 55743	
Country Germany					
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Daniel			Family Name or Surname Rytz		
Inventor's Signature <input checked="" type="checkbox"/> <i>D. Rytz</i>				Date <input checked="" type="checkbox"/> <i>24.09.03</i>	
Residence: City Herborn		State		Country Germany	
Citizenship German					
Mailing Address Kupferweg 9a					
City Herborn		State		ZIP 55758	
Country Germany					
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					



PTO/SB/02A (08-03)


Approved for use through 08/31/2003. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental Sheet

Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Klaus		Dupre	
Inventor's Signature 		Date <u>24.09.2003</u>	
Idar-Oberstein	State	Germany	German
Residence: City		Country	Citizenship
Amethyststr. 7			
Mailing Address			
Mailing Address			
Idar-Oberstein	State	55743	Germany
City		Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	Application Number	10/646,207
	Filing Date	08/22/2003
	First Named Inventor	Lothar Ackermann
	Title	Process and Device for Growing ...
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	WSP:217 US

I hereby appoint:

☐ Practitioners at Customer Number  →

Place Customer  
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☒ Practitioner(s) named below:

Name	Registration Number
Michael L. Dunn	25,330
Howard M. Ellis	25,856
Robert P. Simpson	33,034

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number  →

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Number Bar Code  
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Dunn & Associates				
Address	P.O. Box 10				
Address					
City	Newfane	State	New York	Zip	14108
Country	U.S.A.				
Telephone	716-433-1661	Fax	716-433-1665		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	Daniel Rytz
Signature <input checked="" type="checkbox"/>	
Date <input checked="" type="checkbox"/>	Sept. 24, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231



PTO/SB/81 (02-01)

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	Examiner Name	
	Attorney Docket Number	WSP:217 US

I hereby appoint:

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- ☒ Practitioner(s) named below:

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Name	Registration Number
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Howard M. Ellis	25,856
Robert P. Simpson	33,034

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- ☐ Practitioners at Customer Number  →
- OR**

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<input checked="" type="checkbox"/> Firm or Individual Name	Dunn & Associates				
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Address					
City	Newfane	State	New York	Zip	14108
Country	U.S.A.				
Telephone	716-433-1661	Fax	716-433-1665		

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- ☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

Name	Lothar Ackermann
Signature ✓	
Date ✓	Sept. 24, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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☒ Practitioner(s) named below:

Name	Registration Number
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Robert P. Simpson	33,034

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☒ Firm or  
Individual Name **Dunn & Associates**

Address	P.O. Box 10				
Address					
City	Newfane	State	New York	Zip	14108
Country	U.S.A.				
Telephone	716-433-1661	Fax	716-433-1665		

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	Klaus Dupre
Signature	
Date	24.09.03

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